

Headshaking Treatments found to reduce or eliminate headshaking syndrome:

To be done after all systems thought to be related have been thoroughly checked for other causes of headshaking by a veterinarian and with the advice of your veterinarian.

- 1) **Dermal testing for allergies:** (highly recommended). It is preferable to do a dermal test (gold standard) at a vet school or clinic where they do many allergy tests. Blood testing may also be done. This may be useful data for investigators and your own veterinarian. Desensitization shots have anecdotal evidence to be helpful in reducing and/or eliminating symptoms. They can also be implemented in-between pulses of the dexamthasone or with other treatments. If you choose to also do the dex pulsing, **do the allergy testing before starting the dex treatment.** I have many reports from owners that this approach has helped their headshakers. It does take at least 6 months to see results. Often tests need to be redone if the horse is moved or continues to have symptoms.
- 2) **Dexamethasone Pulse Therapy (injectable liquid, 2mgs per ml):** This therapy is still under investigation and results are not yet conclusive but are promising.

All doses are given **ORALLY** by syringe in the AM.

Option 1:

70mgs each day for 3 consecutive days

Repeat in 28 days

Continue protocol for 3-6 months, then if no symptoms follow maintenance dose.

Option 2:

60mgs each day for two consecutive days followed by 40mgs for two days, followed by 20mgs for two days

Repeat in 28 days

Continue protocol for 3-6 months, then if no symptoms follow maintenance dose.

Maintenance dose: after 3-6 months without symptoms

The dose is 30 mgs for two days followed by 20 mgs for one day. This is to be repeated every 28 days. Some owners have found the can just give this when symptoms start to appear and gradually have been able to wean off the dex pulsing (after a year).

These dosages are based on a horse's weight of around 1,000 lbs. Some mood changes may be seen during the first week after the pulse but they will go away quickly. If your vet has any questions please have them call me at 352-262-9112.

Not recommended if any infections are suspected or if the horse is in any way immunocompromised even though the immune system is not compromised much with the short duration of pulsing (see reference). Do not use in horses with pituitary pars intermedia dysfunction (Cushings).

Low doses of steroids with long term tapering are not effective! The desired effect is dose-dependant.

3) Inhaled nebulized treatments: (Aeromask)

Cromolyn sodium: under investigation

Budesonide: under investigation

4) Cyproheptadine: an antihistamine and serotonin antagonist.

Sedation and colic are the main reported side effects. Seems to mostly help those horses that are light sensitive.

Dosage: 0.3mg/kg twice daily orally

5) Gabapentin (Neurontin): used to treat epilepsy, neuropathic pain and trigeminal neuralgia in humans. Main side effect is sedation. Refer to veterinarian for dosage.

6) Use of a nose net for counter-stimulation. This takes a few times for the horse to become accustomed to. Recommended use is at every ride for at least 1 month or until headshaking stops, as tested by a few days without the net. Some horses do ok with a weighted half net or beads.

7) Guardian Mask: helps with sunlight sensitivity and should be used at all times, 24/7 for full effect.

8) Diet: low allergy feed, basic multivitamin without anything else added and electrolytes when needed. Salt and mineral block. As few supplements as possible as many cause allergic reactions.

9) Acupuncture: promotes overall balance. A few horses have had success with ear and forehead staples. Please let me know if you try this and have success with it. I think it is interesting.

10) Flovent: intranasal steroid.

Dosage: 220mcg 1 time per day via Aeromask 4-6 puffs. The dose is given at the same time every day, shake the medication 5 seconds each use and wait 30 seconds in-between puffs. Give the medication 2-4 weeks to work. I have had limited success with this but one horse has

been free of symptoms for over a year. She recommends the Trudell AeroHippus delivery system.

11)Supplements: this is the only supplement that I have found to help the majority of headshakers

Quiessence, 3-4 scoops (approx. 20gms) daily, introduce slowly, for anxiety.

12) Trigger Avoidance until symptoms are under control

Triggers include anything that initiate tics:

Sunlight: use mask, UV screens and blankets, dark stalls

Wind: avoid fans directly on face

Riding: may be possible with mask or nose net

Bathing and/or grooming: soft brush, avoid soaps near face

Stress

Bugs: fly repellent, fly sheet and mask

I strongly recommend keeping a daily journal (download the headshaking syndrome evaluation form) and would appreciate any interesting data that you observe.

Please contact me if you have any questions.

**We take donated horses with headshaking syndrome!
Money to help with feed, trims and medications is also appreciated.**

More information on dexamthasone:

“ Dexamethasone ... is used in high doses ... for anaphylactic reactions, spinal cord trauma, or shock”. This implies that it is useful for allergic reactions, nerve compression, or toxemia.

“Systemic side effects to corticosteroids are generally dependant on dose and duration of the treatment. Short-term administration of even large doses is unlikely to cause serious harmful side effects due to adrenal suppression”. (Dexamethasone For Veterinary Use, Forney, Barbara, DVM, www.wedgewoodpharmacy.com/monographs/dexamethasone2.asp).

